Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

6 Nov 03
1045-1230

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Agenda

Approval of Minutes – Mr. Costa	5 Min
FY06-11 POM Build Update – Mr. Gooding	60 Min
UFR Process – Lt Col Stein	15 Min
Definition of Modernization – Col Holt	20 Min
New Meeting Day & Time – Mr. Gooding	5 Min
New Business / Open Discussion	5 Min

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Minutes Approval

- **30 Oct 03 AFMS Group Minutes – Approved?**
- **Archives of AFMS Corporate Structure minutes can be found at:**
  - **O:\SG_Common\AFMS Corporate Structure**

    - or –
  - **https://kx.afms.mil/afmsengineroom**

Coordination Process: AFMS Unfunded Requirements (UFRs)

Lt Col Steve Stein
HQ USAF/SGY

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Coordination Process:
AFMS Unfunded Requirements (UFRs) Overview

- **Purpose: Provide briefing on the coordination process for AFMS unfunded requirements**
  - **Classification: Unclassified**
  - **Type: Informational**
  - **Length of Briefing: 15 min**
  - **Briefer: Lt Col Steve Stein, USAF/SGY, DSN 297-0778, steven.stein@pentagon.af.mil**

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Overview

- **Assumption**
- **Categories of Unfunded Requirements**
- **Coordination Process**

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Assumption

- New Programs/Starts
  - Programmatic (FY06 – 11)
  - Use AFMS Corporate Structure
  - No Execution/Budget Year funding
  - Balance (Disconnect + Initiative = Offset)

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Categories of UFRs

- New programs/starts
  - Programmatic but needs Execution/Budget Year dollars due to top-down driven “executive” priority
  - Example: New MRI machine
- New programs/starts
  - Non-programmatic/one-time requirement
  - Example: Cost overruns
- Operational “facts-of-life”
  - Example: Hurricane damage at 1st Medical Group (Langley)

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UFR Coordination Process

- **Process for NEW PROGRAMS/STARTS:**
  - **Requirements submitted by requester in RAPIDS slide format to appropriate AFMS Panel**
    - **Aerospace Ops**
    - **Dental Ops**
    - **Medical Support**
    - **Force Development**
    - **Medical Ops**
    - **Medical Modernization**

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UFR Coordination Process

- **Process for NEW PROGRAMS/STARTS (cont.):**
  - **Panels to input into SG Workflow for tracking**
  - **Panel PEM to review/coordinate with SGSR/SGY (sanity check)**
  - **Initiative vetted through panel (review/approval/offset/prioritize)**
  - **To Engine Room for preparation for AFMS Group**
  - **To AFMS Group for review, validation, prioritization**
  - **To SGY for AFMS internal offset, if appropriate/needed**

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UFR Coordination Process

- **Process for OPERATIONAL "FACTS OF LIFE"**
  - **Requester forwards requirement to SGSR**
  - **SGSR reviews/validates**
  - **SGY warrant/discretionary authority for requirements of less than $1M**

Questions?

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Medical Modernization Definition

Col Stephen Holt
AF/SGR2

6 Nov 03

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Medical Modernization Definition

- **Purpose: To provide the AFMS Group and MAJCOM representatives with the definition of modernization**
  - **Classification: Unclassified**
  - **Type: Informational**
  - **Length of Briefing: 15 min**
  - **Briefer: Col Stephen Holt, HQ USAF/SGR2, 703-681-7055, stephen.holt@pentagon.af.mil**

Overview

- Why Are We Establishing a Modernization Function?
- AFMS Council Approved Modernization Definition
- Modernization process
  - SGROCC
  - Modernization Panel

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SGR Vision

Provide oversight, direction, policy and resources to leverage science and technology, and industry, to

transform

medical capabilities

and address critical long-term challenges in support of the Air Force

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Why Have An AFMS Modernization Process ?

- Planned / Coordinated / Strategic / Methodical Process
- Ensure optimal use of scarce resources
  - Eliminate redundant initiatives
  - Ensuring most important requirements met
  - Provide enterprise-wide solutions that meet multiple user needs and are easily supported
- Develop a successful strategy to
  - Compete more successfully for LAF dollars
  - Obtain non-DHP sources of funding (eg DTRA, DARPA, Special Programs)
- Ensure smooth transition and sustainment of modernization initiatives

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How Does DoD Define Modernization

DoD uses the term RDT&E

"Program (Acquistion) – a defined effort funded by Research, Development, Test & Evaluation (RDT&E) and/or procurement appropriations with the express objective of providing a new or improved capability in response to a stated mission need or deficiency."

Source: DoD Directive 5000.1 Defense Acquisition System

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How Does DoD Define Modernization

"Research, Development, Test & Evaluation (RDT&E) – activities for the development of a new system that includes basic and applied research, advanced technology development, demonstration & validation, engineering development, developmental & operational testing and the evaluation of test results. Includes activities to expand the performance of fielded systems."

Source: DoD Acquisitions 5000 series

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Verbatim Council-Approved Medical Modernization Definition

Medical Modernization of the AFMS includes the process to define and validate requirements and the process to develop and acquire new capabilities that will enable the AFMS to perform its its mission more effectively and efficiently. In its simplest form, medical modernization equals requirements and acquisition.

The development of new systems can include upgrades to existing systems with new/enhanced technology. Items with a high failure rate should be examined closely for new technologies that can be inserted to improve reliability in all operational environments.

Medical modernization includes the ability to conduct operational testing focused on the military utility of new systems and to facilitate their integration into the AFMS.

Excerpted from SG2 Letter, 2 Jun 03, Modernization Requirements

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Annotated Modernization Definition

- **Process to define and validate requirements – SGROCC (SG Requirements for Operational Capabilities Council)**
- **Process to develop / acquire new capabilities that will enable AFMS to perform its mission more effectively and efficiently**
- **Ability to conduct operational testing to**
  - **Establish military utility**
  - **Facilitate integration into AFMS**

Medical Modernization = Requirements + Acquisition

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What Is A Modernization Initiative?

THE LITMUS TEST:

Does the initiative address an identified deficiency or extend a capability to address a requirement established in approved planning guidance (e.g. AFMS Concept Document)

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Example of What is Not Modernization

“Sustainment and COTS replacement/refreshing of computers for the MTFs is not considered strategic modernization.”

But

“New computers producing increased capabilities that address documented deficiencies would be considered strategic modernization.”

I WANT YOUR

MODERNIZATION PROGRAMS!

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Questions?

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Status Update
FY06–11 POM Build

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Open Issues

- **Panel Strawman**
- **Modernization goal of $120M**
- **FY05 APOM issues “fixed” with SRM and equipment need to be addressed in FY06-11 POM**
- **Centrally managed programs**
- **MAPPG IPTs outputs**

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Summary of Panels' Position

- Meetings held over last two weeks to finalize initial strawman for release to MAJCOM
- "Dynamic Tension" during discussions
- Results:
  - All panels balanced within TOA
  - Continues the Long View Strategy
    - PSC recapture Is offset to achieve PLATT models
  - Expect push from MAJCOMs on panel recommendations
- Concerns
  - No phased laydown – all panel changes desired in FY06
  - Laydown dependent upon PSC recapture
  - Timing does not account for BRAC (public release in CY05)
  - Timing lacks learning curve for T-Nex
  - Modernization lacks enough TOA to hit SG target

Recap of Panels' Muscle Movement

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Increases

- DCO lead turning
- Optimize functions using PLATT Team applications:
  - PCO
  - SCO
  - Flt Med
  - Pub Hlth
  - Bio Environ

Decreases

- Convert ER to UCC
- Transfer OB services to PSC
- Convert Inpatient MTFs to Outpatient clinics
- Reduce Optometry to AD only

Deletions

- Health Promotions

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Medical Operations

- **TOA: Balanced**
  - **203 enlisted offered as offsets**
  - **$3.4M O&M offsets**
  - **Looking to trade for officers**
- **Muscle Movement**
  - **Used PLATT standards to optimize PCO/SCO**
  - **Offsets:**
    - **8 ERs realigned to UCCs (Lakenheath, Aviano, Spang, Yakota, Osan, Misawa, Mt Home, Langley)**
    - **10 OB Services transitioned to PSC (USAFA, Offutt, Aviano, Spang, Lakenheath, Yokota, Luke, Sheppard, Dover, Scott)**
    - **4 bedded MTFs transitioned to outpatient clinics (Andrews, Offutt, Spangdahlem, Luke)**
- **Timing Phasing: All in FY06**

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Aerospace Operations

- TOA: Balanced; assumptions below
  - Health Promotions deleted as a capability
  - Small bill pushed to PSC by non-AD Optometry care
- Muscle Movement:
  - Used PLATT Team standards to increase:
    - Flight Medicine
    - Public Health
    - Bioenvironmental Engineering
  - Offsets
    - Optometry
      - Reduced to AD care only
    - Health Promotions
      - Prefers to contract service: $13M/yr for AD and $16M/yr for all
      - However, no dollars available so this capability is lost
- Time Phasing: All in FY06
- 311th IPT is schedule for completion 17 Nov
  - Initial rumors show good review but little mapping to modernization

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Medical Support

- **TOA: Balanced**
- **Muscle Movement:**
  - **Radiology is only analyzed product line**
  - **Panel projects radiology recruiting will improve**
- **Time Phasing: All in FY06**

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Dental

- **TOA: Non-analyzed product line**
  - **Offered 22 officers to jumpstart DCO**
  - **Received $1.4M in contract dollars and 20 enlisted auth's**
- **Muscle Movement:**
  - **Lead-turning DCO based upon PLATT standard about to go through AFMS/CS approval process**
- **Time phasing: DCO begins movement in FY06 if tradeoffs given at same time**
- **Dental IPT: Will be complete on time (17 Nov)**

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Force Development

- **TOA: Balanced**
- **Muscle Movement:**
  - **No change in education and training workcenter**
- **Time phasing: N/A**
- **AFSC and 882nd IPT to provide results on 17 Nov**

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Modernization

- **TOA:**
  - **Identified ~$30M in IMIT and $20M in PRK & AMP for modernization**
  - **TOA required for this panel is $120M**
  - **However, MAJCOMs need to map modernization programs**
- **Muscle Movement:**
  - **SGROCC has queued up 67 new requirements**
  - **Process will gain panel review on requirements**
- **Time phasing: TBD**
- **Next Steps**
  - **Must get MAJCOMs to properly map their ongoing modernization programs via data call**
  - **Complete IPTs and see what is mapped to modernization**
  - **Finish $274M central management review**
    - **Could map $35M Optimization funds to modernization now**
    - **Concern: OSD(C) PBD could take these funds**

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Next Steps

- **Deploy enhanced Medical Resourcing Tool with strawman NLT**
  7 Nov
  - **Start MAJCOMs from FY05 baseline**
  - **Book panel recommended changes beginning in FY08**
- **MAJCOM begin POM build at their level 22 Dec**
- **Separate data call to MAJCOMs to obtain accurate mapping of all resources to panels**
  - **Examine modernization program beginning 8 December upon receipt of MAJCOM input**
  - **See if course correction is needed at that point**

Meeting Recap & Calendar

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- **New Items**
- **Action Items**
- **Meeting Schedule:**
  - **AFMS Group: Thurs, 13 Nov, 1045-1230 EST, 4th floor conf rm**